

were successful in helping patients to quit smoking. Physicians also agreed that it was their responsibility to convince tobacco-using patients to quit or help patients who wish to quit to do so and that they should be more active in speaking to lay groups about tobacco use.

While our response rate was low, these data do provide interesting information regarding tobacco control activities and policies of primary care physicians in California.

RUSSELL L. YOUNG, PhD
College of Education
San Diego State University
San Diego, CA 92182

CATHERINE CROOKS, PhD
JOHN P. ELDER, PhD, MPH
ERIN KENNEY, PhD, MPH
Tobacco Control Program Evaluation
Center for Behavioral and
Community Health Studies
6363 Alvarado Ct, Suite 100
San Diego State University
San Diego, CA 92120

DILEEP G. BAL, MD
MICHAEL JOHNSON, PhD
California Department of Health Services
Tobacco Control Section
714 P St
Sacramento, CA 95814

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An Inexpensive, Convenient Adjunct for the Treatment of Diabetes

TO THE EDITOR: Two reports in this journal have strongly suggested that chromium picolinate supplements are beneficial in the treatment of hypercholesterolemia.^{1,2} Clinical studies also suggest that chromium picolinate is highly beneficial in the treatment of non-insulin-dependent diabetes mellitus (NIDDM). In one study, 11 subjects with NIDDM were given either chromium picolinate (3.8 μ mol [200 μ g] of chromium) or a placebo daily for 42 days in a double-blind crossover study.³ A 14-day period off capsules was used between treatments. The mean values for fasting blood glucose, glycosylated hemoglobin, total cholesterol, and low-density-lipoprotein (LDL) cholesterol decreased significantly while the subjects were ingesting chromium picolinate. The levels of these tests analyzed in three of the subjects either increased slightly or did not change. With the exception of high-density-lipoprotein (HDL) cholesterol and triglycerides, however, the blood values were decreased in the remaining eight during supplementation with chromium picolinate. Fasting blood glucose values in the eight responders decreased by 24% from a mean of 185 ± 16 mg per dl to a mean of 140 ± 18 mg per dl. Glycosylated hemoglobin levels in those eight decreased by 19%. Total cholesterol values decreased 13% from 230 ± 15 mg per dl to 200 ± 11 mg per dl, and LDL cholesterol values decreased 11% from 158 ± 8 mg per dl to 141 ± 7 mg per dl in those eight subjects.

In a second preliminary study, five American Indians with NIDDM from the Red Lake Minnesota Band of Chip-

pewa Indians (1 man, 4 women) who had learned of chromium picolinate from health-care professionals or education classes volunteered to have blood analyses while using chromium picolinate supplements. After initial blood specimens were drawn, each of the volunteers ingested daily one capsule of chromium picolinate that contained 3.8 μ mol of chromium. No other changes in dietary habits or exercise were initiated. After only two weeks, blood glucose levels had decreased markedly in each of the five volunteers. After eight weeks of supplementation, blood glucose values had decreased by 32.6% from a mean of 14.3 mmol per liter (258 mg per dl) to a mean of 9.3 mmol per liter (168 mg per dl). One of the female volunteers, who was being treated with 75 units of insulin per day, had an initial blood glucose level of 19.8 mmol per liter (357 mg per dl), but after eight weeks of chromium picolinate supplementation, her blood glucose value had decreased by 61% to only 7.6 mmol per liter (137 mg per dl). When these exceptional results were excluded, the blood glucose value of each of the other four was decreased by 25% from a mean of 12.9 (233) to 9.7 mmol per liter (175 mg per dl). Surprisingly, the total serum cholesterol levels in these volunteers were not in the "at risk" range but decreased by 8.2% from an initial mean of 4.7 mmol per liter (183 mg per dl) to 4.3 mmol per liter (168 mg per dl).

Although these two preliminary studies were conducted with a small number of volunteers, the high percentage of subjects responding (73% in one study, 100% in the other) suggests that chromium picolinate supplementation may be effective in regulating blood glucose levels and lipids in persons with diabetes. The results were particularly dramatic in the American Indians, a population that has a high incidence of NIDDM. The results described here show that large-scale trials are warranted for testing the efficacy and safety of chromium picolinate as a convenient, inexpensive adjunct to the treatment of diabetes.

GARY W. EVANS, PhD
Department of Chemistry
Bemidji State University
Bemidji, MN 56601

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The Digital Rectal Examination of Women

TO THE EDITOR: The article "Is deleting the digital rectal examination a good idea?" in the July issue discusses principally the discovery of abnormalities of the prostate. I address the subject as a gynecologist who has never examined a male patient.

During 50 years of practice as an obstetrician-gynecologist, it was my policy to make a digital rectal examination on every new patient, at every annual examination, and otherwise when indicated. I kept a record of positive findings but not of the number of examinations, but there were many thousands. In those 50 years I discovered three rectal polyps and I missed, in one sense, one rectal carcinoma. This patient complained of rectal bleeding; my rectal examination results were negative so I referred her to a proctologist who called me two hours later to say that he could feel a rectal mass. This

was a rectal carcinoma, which he removed. The patient lived for another ten years. Although I could not feel the tumor, a correct diagnosis was made the same day. In addition to these four cases, there were scores of rectoceles, enteroceles, and prolapses, most of which did not require rectal examination for diagnosis. One might take the view that in gynecology, rectal examinations are not "cost effective" except that if the gynecologist is already wearing a glove, the only cost is a few drops of lubricant.

Rectal examination of women is important for another reason. During my years in practice—when women were less outspoken than they are today—an admission of anal intercourse was the most difficult history for me to elicit. But if rectal examination revealed a decidedly relaxed sphincter without a history of a third-degree laceration, I could be pretty certain of anal intercourse, and then an oblique question, such as "Does your husband often approach you from the rear?" or "Do you object to rectal intercourse?" might confirm my opinion. Discussion of the acquired immunodeficiency syndrome (AIDS) often refers to "heterosexual transmission," which the reader may take to mean vaginal intercourse. The fact is that heterosexual anal intercourse is not rare and has the same potential for transmission of AIDS in heterosexuals as it does in homosexuals.

PENDLETON TOMPKINS, MD
49 Crystal Springs Rd
San Mateo, CA 94402-1518

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WARNING—Inhaling Tabasco Products Can Be Hazardous to Your Health

TO THE EDITOR: Laryngospasm is an occlusion of the glottis due to contraction of the intrinsic laryngeal muscles, thought to result from stimulation of the superior laryngeal nerve.¹ It is a well-known complication of anesthesia due to irritation of the vocal cords or nasal passages by anesthetic gases and can be produced by mechanical stimulation of the epiglottis during attempts at intubation or suctioning.² While laryngospasm is a protective reflex that prevents foreign matter from

reaching the tracheobronchial tree, it can lead to respiratory arrest.

We report a case of acute laryngospasm associated with aspiration of a beverage spiked with Tabasco sauce.

A 33-year-old internal medicine fellow was reading while drinking V-8 juice liberally dosed with Tabasco brand hot pepper sauce when his elbow was jostled by his pet dog. As his elbow rose up—and the page with it—so followed his gaze, causing him to extend his neck. He began to exclaim to chasten the dog, but on inspiring, aspirated several milliliters of his drink. Attempting to cough, he found himself unable to breathe. Flexing the muscles of his neck did not alleviate the situation. He considered calling 911 but realized he could not speak. He continued to attempt respiration for 45 seconds and began to lose consciousness but finally succeeded in at first stridorous and then in increasingly normal respiration. He recovered without incident and did not seek medical attention.

Laryngospasm may have been caused by mechanical irritation of his larynx when he rapidly inhaled the drink, similar to the effect of intubation or drowning. Alternatively, either the capsaicin in the chili-containing Tabasco sauce or the acidic vegetable juice may have caused chemical irritation, as may also occur with the aspiration of gastric contents in patients with gastroesophageal reflux.³

To our knowledge, this is the first reported case of laryngospasm associated with consuming a Tabasco-containing product. Those who indulge in Tabasco-seasoned beverages should exercise caution when they sip. Tabasco, like tobacco, may be harmful when inhaled.

HAYA R. RUBIN, MD, PhD
ALBERT W. WU, MD, MPH
SEAN TUNIS, MD, MSc
Johns Hopkins University
624 N Broadway
Baltimore, MD 21205

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